

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES

MENTAL HEALTH SERVICES ACT
HOUSING PROGRAM

CERTIFICATION OF RESIDENCE IN A HOMELESS FACILITY

I, _____ hereby
authorize _____
to release information related to my homeless status to the Department of Mental Health

(Signature) _____ Date

CERTIFICATION

I certify that _____ stayed at _____
(Name of applicant) (Name of facility)
during the period of _____
(Beginning and ending dates of stay)

Before coming to this facility, the applicant reported housing status as _____
(State prior residence)
_____ during the period of _____
i.e shelter, in a car, couch surfing, etc.) (Beginning and ending dates of stay)

Signature: _____ Date: _____
(Signature of facility staff person)

Title: _____ Telephone: _____

Facility: _____
(Name and address of facility)

Type of Facility:

- ☐ Emergency Shelter
- ☐ Transitional Housing
- ☐ Institution
- ☐ Residential Care Facility